

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center

Name of Department or Office
 711 South Vine Street

Glenwood, IA 51534

Mailing Address
 712-525-1683

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary #703

Name

%Cathy Brown 105 NW 4th St. Bridgewater, IA 50837

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/10/2010

\$ 86.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

86 count hand made felt Christmas stockings for Client use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

01/04/2011

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**DHS Glenwood Resource Center**

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

712-525-1683

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:**Fairview Church Working Band**

Name

%Margery Watts 123 NW 3rd St. Stuart, IA 50250-3020

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/10/2010**\$ 150.00**

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:


Check sent and deposited into General Donations category for Client use.

Criteria to use this form:

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Signature

01/04/2011

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

GRC employees

Name _____

711 S. Vine St

Glenwood, IA 51534

Mailing Address _____

City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

12/16/2010

\$ 10.20

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Pennies collected in jar on the counter by register in the Canteen. Donated for General use.

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Statement of Affirmation:

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Signature

01/04/2011

Date

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2011 JAN-6

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Name _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Mary Cibula

Name _____

206 N. Center

Toledo, IA 52342

Mailing Address _____

City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

12/21/2010

\$ 200.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Assorted mens clothing: pants, sweaters, shirts-for Client use

Criteria to use this form:

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Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger
Signature

01/04/2011

Date

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Name _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Kristin Purington

Name _____

14226 S. 30th Ave

Bellevue, NE 68123

Mailing Address _____

City, State, Zip Code

Area Code & Telephone Number _____

Email Address (optional) _____

12/30/2010

\$ 40.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Assorted large boys clothing for Client use.

Criteria to use this form:

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Statement of Affirmation:

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Signature

01/04/2011

Date